

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a BCAL Files check against current or previous licensee status of the applicant in any county of the state.
4. **Day Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	1973 PA 116 1979 PA 218	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Required	
CONSEQUENCE:	Licensure may be denied.	

LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: • Please read the accompanying instructions before completing this form. • Please type or print CLEARLY so that the information completed can be read. • Mail completed form to BCAL Central office.				LIVESCAN FINGERPRINT REQUEST <i>This section for day care only.</i>			
SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)				Agency ID: 10971L TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING) Date Fingerprinted: _____ Type of Picture I.D. presented: _____ DCL(Day Care License)			
Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Floor P. O. Box 30650 Lansing, MI 48909-8150 </div>							
LICENSEE/APPLICANT NAME			County		LICENSE NUMBER (If assigned)		
LICENSE/APPLICATION TYPE <input type="checkbox"/> Family/Group Child Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp							
THE PERSON BEING CLEARED IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee/Licensee Designee <input type="checkbox"/> Administrator <input type="checkbox"/> Responsible Person (In charge of daily operations) <input type="checkbox"/> Director/Program Director							
SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)							
NAME (Last, First, Middle Jr., II, etc.)			SEX	BIRTH DATE		SOCIAL SECURITY NUMBER	
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))			MICHIGAN DRIVERS LICENSE NUMBER		
ADDRESS (Street Number and Name)				HOW LONG HAVE YOU LIVED IN THIS STATE? _____		RACE _____	
CITY		COUNTY	STATE	ZIP CODE	PHONE NUMBER	HEIGHT _____	
						WEIGHT _____	
• I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute. • I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect. • I certify that the information I have given on the form is, to the best of my ability, true and correct. • The Department may perform this check at any time while I am licensed.							
HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s) _____							
SIGNATURE OF PERSON TO BE CLEARED						DATE	

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)			SECTION IV: CONVICTION CLEARANCE		
PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES		LICENSE NUMBER	INITIALS/CLEARANCE DATE		
IS PROTECTIVE SERVICES INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES			INITIALS/CLEARANCE DATE		
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES			INITIALS/CLEARANCE DATE		
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.					